

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-018373

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 72

Primary Registration District No. 4130

Registrar's No. 89

FILED MAY 21 1962

## 1. PLACE OF DEATH

a. COUNTY

Leavenworth Co. in Missouri River

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Kansas

b. COUNTY Wyandotte

b. CITY (If outside corporate limits, give TOWNSHIP only)

Length of stay in 1b

OR TOWN Body recovered from River in Clay Co. Mo.

c. CITY

OR TOWN

Kansas City

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

Birmingham Rd.

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

727 S. Mill

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First George

Middle H

Last Danner

## 4. DATE OF DEATH

Month

Day

Year

5/12/62

## 5. SEX

ma le

## 6. COLOR OR RACE

white

7. Married ☐ Never Married ☐Widowed ☐ Divorced ☒

## 8. DATE OF BIRTH

7/16/28

## 9. AGE (last birthday)

33

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

## 10b. KIND OF BUSINESS OR INDUSTRY

Construction Co.

## 11. BIRTHPLACE (City and state or country)

Wellington, Mo.

## 12. CITIZEN OF WHAT COUNTRY

U. S. A.

## 13a. FATHER'S NAME

John R. Danner

## 13b. MOTHER'S MAIDEN NAME

Goldie Short

## 14. NAME OF HUSBAND OR WIFE

none

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

yes

Aug. 10, 1948

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Mrs. Jackie Vickers 8345 Wornal Rd. KCK

## 18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

DROWNING

## INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Free out of boat on Missouri River, near Leavenworth, Kansas

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

to

and last saw her alive on

Death occurred at

m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

D. P. Eads

## 22b. ADDRESS

North Kansas City, Mo.

## 22c. DATE SIGNED

5/18/62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

## 23b. DATE

May 21, 1962

## 23c. NAME OF CEMETERY OR CREMATORY

Buckner Cemetery

## 23d. LOCATION (City, town, or county)

Buckner, Mo.

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

Warnick-Eads Kansas City, Kansas

## 25. DATE RECD. BY LOCAL REG.

5-18-62

## 26. REGISTRAR'S SIGNATURE

Marguerite Hudgens

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

MAY 29 1962

SEP 18 1962

MAR 1 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John W Hildensfeger

Licensed Embalmer No. 5058

P. O. Address Kansas City, Kansas.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.